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| AREA SAN JOSE | DIVISION GOLDEN GATE | NUMBER 340 |
| EVALUATED BY BARTUSCH | | DATE 8/14/08 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

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| TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation | | SUSPENSE DATE | |
| FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No BY _____ | | COMMANDER'S REVIEW | DATE |
| | | EVALUATED | ACTION REQUIRED |
| | | | CORRECTED |

1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

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| a. Are Area employees familiar with various departmental publications which provide for EIM planning? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is this philosophy conveyed to: | | |
| (a) Subordinates. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Public safety agencies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Emergency service providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is an employee assigned to develop and routinely update EIM plans? WHO?? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Is the employee familiar with local resources and conditions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is input obtained from uniformed and nonuniformed personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is there adequate liaison with emergency response and support agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Have emergency incident plans been evaluated? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do plans include command-specific information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do plans contain a clear statement of their purpose and objectives? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is there an assignment of responsibility commensurate with appropriate authority? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are there checklists to assist in implementing the plans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Is there a method for notifying off-duty personnel? WHAT?? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) What methods are used for acquiring necessary supplies and equipment? | | |
| (3) Do the plans refer to ICS and CHP and/or command-specific forms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are there plans for hazard-specific incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
EMERGENCY INCIDENT MANAGEMENT PLANNING
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| | | |
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| (a) Are there employee and property protection references in the command's EAP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Bomb incident procedures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Fires. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Flood/dam failures. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Radiation incidents. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Earthquakes. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Tsunamis/coastal storms. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) Civil unrest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Other Area-specific emergencies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Terrorist attacks on probable targets within an Area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do plans have supporting annexes with the following information: | <i>A</i> | |
| (a) Emergency Response Center Operations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Mutual aid plans and MOU's developed between Area and other emergency service providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Procedures for deployment of, and accounting for, personnel and material resources. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) 72-hour self-sufficient operation. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Does the need for each plan still exist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Can plans be tested? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are they current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do they work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Does the Area SOP contain guidelines for EIM? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. TRAINING | EVALUATED | ACTION REQUIRED |
| a. Is there an awareness of local training requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Have other Area employees received familiarization training in ICS? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Is HPG 50.3, Emergency Incident Guide, readily available? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| (5) Are managers and supervisors familiar with various ICS forms and their use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Are the records of required training current? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has interagency training pertaining to EIM been conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have public safety agencies and emergency service providers attended Area training to discuss their role? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do Area personnel participate in exercises with these agencies and EMS providers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are exercise critiques conducted and feedback given to all participants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. RELATIONSHIPS WITH ALLIED AGENCIES | EVALUATED | ACTION REQUIRED |
| a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Is the commander a member of emergency organizations? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are existing plans current? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4) Do plans provide for adequate supervision? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Do plans conform to CHP policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. REPORTING PROCEDURES | EVALUATED | ACTION REQUIRED |
| a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? ☒ Yes ☐ No

(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? ☐ Yes ☐ No

(a) Are Hazardous material incident reports (CHP 407E) prepared? ☒ Yes ☐ No

(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? ☒ Yes ☐ No

5. EMERGENCY INCIDENT RESPONSES

EVALUATED

ACTION REQUIRED

CORRECTED

a. List problems Area experienced in exercising EIM.

(1) Has follow-up investigation been conducted to prevent recurrences of problems? ☐ Yes ☐ No

(a) Is the investigation forwarded through the chain-of-command? ☐ Yes ☐ No

(b) Are problems corrected and appropriate changes made to Area plans? ☐ Yes ☐ No

(c) Are corrected actions taken, documented, and forwarded through the chain-of-command? ☐ Yes ☐ No

(2) Have there been repeated problems with specific individuals or agencies? ☐ Yes ☐ No

(a) Has the Area commander made reasonable efforts to resolve the issues? ☐ Yes ☐ No

(b) If not resolved, has the Division chief been notified as required? ☐ Yes ☐ No